

Non Accidental Motor Vehicle Fire Report
Michigan Department of Labor & Economic Growth
Bureau of Construction Codes & Fire Safety
Office of the State Fire Marshal
P.O. Box 30254, Lansing, MI 48909
517-241-8847

Authority: 2000 PA 413

FIRE DEPARTMENT	FDID NUMBER	FIRE DEPARTMENT INCIDENT NUMBER
LAW ENFORCEMENT AGENCY	ORI NUMBER	POLICE DEPARTMENT INCIDENT NUMBER

This report must be completed fully in accordance with 2000 PA 413.
Insured Party: You must provide a copy of this report to your insurance company.

I hereby report to the above named fire / law enforcement authority that the following motor vehicle was burned.

DATE	TIME	LOCATION (Street Address)	CITY	TOWNSHIP
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Motor Vehicle Information

YEAR	MAKE	MODEL	BODY STYLE	COLOR	REGISTRATION NUMBER
STATE	VEHICLE IDENTIFICATION NUMBER (VIN)		VEHICLE OWNED BY (Last, First, Middle)		
OWNER'S STREET ADDRESS		CITY	STATE	TELEPHONE NUMBER (include Area Code)	
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER		DATE OF BIRTH			
INSURANCE POLICY HOLDER (Last, First, Middle)		STREET ADDRESS	CITY	STATE	
TELEPHONE NUMBER (Include Area Code)		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	DATE OF BIRTH		
FIRE REPORTED BY (Last, First, Middle)		STREET ADDRESS	CITY	STATE	
TELEPHONE NUMBER (Include Area Code)					
WAS THE VEHICLE REGISTERED <input type="checkbox"/> YES <input type="checkbox"/> NO		WERE THE KEYS IN THE VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		WERE THE DOORS LOCKED <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS THERE FIRE INSURANCE COVERAGE <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE NAME OF INSURANCE COMPANY AND AGENT			

Certification and Signature

I hereby certify I had no involvement in the planning to burn or the actual burning of this motor vehicle. The information I have provided herein is truthful and correct.	
SIGNATURE OF INSURED	DATE

DO NOT WRITE BELOW THIS LINE. FIRE / LAW ENFORCEMENT AUTHORITY ONLY.

NAME OF PERSON TAKING REPORT	DATE	TIME
WAS STOLEN VEHICLE REPORT SUBMITTED IF YES, WHERE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE	TIME

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Distribution: Original: Fire / Law Enforcement Agency
Copy: State Fire Marshal
Insured